CONTAINS CONFIDENTIAL PATIENT INFORMATION

Zinbryta (daclizumab)

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004
Provider Help Desk: 1-800-454-3730

1. PATIENT INFORMATION	2. PHYSICIAN INFORMATION
Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. MEDICATION	4. STRENGTH	5. DIRECTIONS	6. QUANTITY PER 30 DAYS
Zinbryta (daclizumab)	_____	_____	Specify: _____

7. DIAGNOSIS: _____

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient and MAY AFFECT THE OUTCOME of this request.

Prior authorization is required for daclizumab (Zinbryta). Payment will be considered if all of these conditions are met:

1) Patient has a diagnosis of a relapsing form of multiple sclerosis (MS)
2) Patient is 18 years of age or older
3) Patient has documentation of previous trials and therapy failures with two or more drugs indicated for MS treatment
4) Patient does not have pre-existing hepatic disease or hepatic impairment (including hepatitis B or C)
5) Baseline transaminases (ALT, AST) and bilirubin levels are obtained
6) Patient does not have an ALT or AST at least 2 times the upper limit of normal (ULN)
7) Patient does not have a history of autoimmune hepatitis or other autoimmune condition involving the liver
8) Patient has been screened for TB and treated for TB if positive
9) Daclizumab will be used as monotherapy
10) Daclizumab will be dosed as 150 mg once monthly
11) Prescriber, patient and pharmacy are enrolled in the Zinbryta REMS program
12) The 72-hour emergency supply rule does not apply to daclizumab.
13) Lost or stolen medication replacement requests will not be authorized. If criteria for coverage are met, an initial authorization will be given for 12 months. Additional authorizations will be considered when documentation of a positive clinical response to daclizumab therapy is provided.

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Patient name: _____ **Patient ID #:** _____

Document two or more previous treatment failures:

Trial 1: Drug name and dose:_____ Trial dates: _____

Reason for failure:_____

Trial 2: Drug name and dose:_____ Trial dates: _____

Reason for failure:_____

Trial 3: Drug name and dose:_____ Trial dates: _____

Reason for failure:_____

Does patient have pre-existing hepatic disease or hepatic impairment? ☐ Yes ☐ No

Have baseline transaminases (ALT, AST) been obtained? ☐ Yes (attach results) ☐ No

Does patient have ALT or AST at least two times the upper limit of normal? ☐ Yes ☐ No

Does patient have a history of autoimmune hepatitis or other autoimmune condition involving the liver? ☐ Yes ☐ No

Has patient been screened for TB and treated for TB if positive?

☐ Yes, provide result and treatment if positive:_____ ☐ No

Will daclizumab be used as monotherapy? ☐ Yes ☐ No

Prescriber, patient and pharmacy are enrolled in the Zinbryta REMS Program: ☐ Yes ☐ No

Renewal requests:

Provide documentation of positive clinical response to daclizumab therapy:_____

_____

_____

Attach lab results and other documentation as necessary.

9. PHYSICIAN SIGNATURE

_____ _____

Prescriber or authorized signature Date

Prior authorization of benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete, and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.